

PTO/SB/21 (09-09)


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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/555,446	
	Filing Date	August 16, 2000	
	First Named Inventor	Fang	
	Art Unit	1648	
	Examiner Name	LE, EMILY M.	
Total Number of Pages in This Submission	2	Attorney Docket Number	E3799-00018

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Date	October 31, 2006	Reg. No. 59,025

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**REQUEST FOR WITHDRAWAL  
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CORRESPONDENCE ADDRESS**

Application Number	09/555,446
Filing Date	August 16, 2000
First Named Inventor	Fang
Art Unit	1648
Examiner Name	LE, EMILY M.
Attorney Docket Number	E3799-00018

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Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
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- ☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

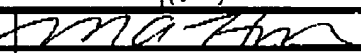
The reasons for this request are: Client has repeated failed to reply to communications from counsel requesting instructions regarding how to proceed with prosecution and client has failed to meet its financial obligations because it has failed to make payments on numerous outstanding invoices for several months.

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<input checked="" type="checkbox"/> Firm or Individual Name	Mr. Robert M. Jaffe				
Address	4370 La Jolla Village Drive, Suite 1040				
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Signature					
Name	Michelle Hon	Registration No.	59,025		
Date	October 31, 2006	Telephone No.	619-744-2219		

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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